

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="border: 1px solid black; padding: 2px;">10 553272</div> | FILING DATE <div style="border: 1px solid black; height: 20px;"></div> | | | | | |
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| CLAIMS | | | | | | | | | | | | | |
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| TOTAL DEP. | | ← | | ← | | ← | | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | | | | | | | | |